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January 23, 2023

RE: AN ACT to amend the insurance law, in relation to coverage of primary and preventative obstetric and gynecological care

S.200 (Cleare)

**MEMORANDUM IN OPPOSITION**

Submitted on behalf of the Blue Cross and Blue Shield Plans

The New York State Conference of Blue Cross and Blue Shield Plans opposes enactment of this legislation, as its requirements are by-in-large duplicative of current law. Specifically, this bill seeks to: (1) prohibit the imposition of deductibles and copays with regard to cervical cytology screenings; and (2) clarify that the coverage of treatment for osteoporosis is required. Since such services, when clinically supported, are already provided for under current law, any increase in utilization facilitated by this bill would be in excess of evidence-based practices. Nonetheless, these unnecessary tests and treatments would result in additional costs to the health care system that would be passed along to all insurance enrollees by way of increased premiums – despite having no positive impact on women’s health.

With regard to cervical cytology screenings, this bill would strike language permitting health insurers to subject such services to “annual deductibles and coinsurance as may be deemed appropriate by the superintendent and as are consistent with those established for other benefits within a given policy.” However, both sections of law that would be amended by the bill currently provide – in accordance with the Affordable Care Act (“ACA”) – that all non-grandfathered plans must provide cost-free coverage of: (1) all items and services for cervical cytology that have an “A” or “B” rating by the United States Preventative Task Force (“USPTF”); and (2) “with respect to women, such additional preventive care and screenings ... as provided for in comprehensive guidelines supported by the health resources and services administration.”<sup>1</sup>

The USPSTF is an independent panel of national experts in prevention and evidence-based medicine that promulgates standards in accordance with processes that “align with the National Academy of Medicine’s (formerly the Institute of Medicine) recommendations for guideline development.” Its current recommendations – which are premised on a thorough assessment of

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<sup>1</sup> N.Y. Insurance Law §§3221 and 4303.

peer-reviewed literature and clinical data – generally provide for cervical cancer screenings every three years for women aged 21 or older.<sup>2</sup> Because this bill would facilitate more frequent tests and screenings of a younger demographic – which accounts for well under 100 cervical cancer diagnoses across the United States each year<sup>3</sup> – without copays or deductibles, it could result in increased performance of clinically unsupported tests. Such costs would ultimately be passed along to consumers by way of increased premiums, while doing little enhance women’s access to appropriate preventative care services.

For all of the forgoing reasons, the New York State Conference of Blue Cross and Blue Shield Plans strongly opposes the enactment of this legislation.

Respectfully submitted,

HINMAN STRAUB ADVISORS, LLC  
Legislative Counsel for the Blue Cross and Blue Shield Plans

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<sup>2</sup> USPTF, *Final Recommendation Statement - Cervical Cancer: Screening*, August 21, 2018, available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>.

<sup>3</sup> An average of 14 women age 15-19, and 125 women age 20-24, are diagnosed with cervical cancer each year in the United States. *Bernard et. al*, *Cervical Carcinoma Rates Among Young Females in the United States*, *Obstet Gynecol.* 2012 Nov; 120(5): 1117–1123, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4540330/#:~:text=Cervical%20cancer%20is%20not%20a,those%20aged%2020%E2%80%9324%20years..>